RESOURCES • REVIEWS

Surviving obstetrics rotation

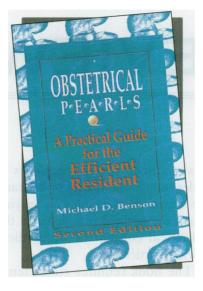
OBSTETRICAL PEARLS: A PRACTICAL GUIDE FOR THE EFFICIENT RESIDENT, 2ND ED

AUTHOR: Michael D. Benson F.A. Davis Company/Publishers. 1915 Arch St, Philadelphia, PA 19103-1493 USA 1994/214 pp/\$16.95 (US)

OVERALL RATING Fair

STRENGTHS Portable, easy to read, and well organized; provides detailed descriptions of procedures

WEAKNESSES Authors' personal statements are not supported by current literature; sections on prenatal care are incomplete, oversimplified, and at times inaccurate; no mention of psychosocial issues or the importance



of the family in pregnancy and childbirth; women are not presented as active participants in the birth experience

AUDIENCE Intended for family medicine residents; practising physicians would not find information useful

bstetrical Pearls was written when the author was a senior resident responsible for overseeing labour and delivery. He states that his purpose "is to give residents and medical students in an obstetrics rotation precise instructions about what to do and write in specific clinical situations." Apparently this 200-page paperback has met with such an enthusiastic response that it has been translated into different languages and a second edition was published 4 years after the original edition in order to keep current.

The book is portable (pocket sized), well organized around three clinical settings, and easy to read. The detailed descriptions of procedures provided would be useful to clinical clerks or interns on obstetric

YTOTEC (misoprostol) 100 μg

INDICATIONS CYTOTEC (misoprostol) is indicated for the prevention of NSAID-induced gastric ulcers. Patients at high risk of developing NSAID-induced complications and who may require protection include: • Patients with a previous history of ulcer disease or a significant gastrointestinal event. • Patients over 60 years of age. • Patients judged to be at risk because of general poor health, severe concomitant medical disease, or patients who are poor surgical risks. • Patients disabled by joint symptoms (e.g., IHAQ Disability Index Score >1.5) or those with severe systemic manifestations of arthritis. • Patients taking other drugs known to damage or exacerbate damage to the gastrointestinal tract such as corticosteroids or anticoagulants. • Patients taking a high dosage or multiple NSAIDs, including those available Over-The-Counter The risk of NSAID-induced complications may be highest in the first three months of NSAID therapy. CYTOTEC is also indicated for the treatment of NSAID-induced gastric ulcers (defined as 2.0.3 cm in diameter) and for the treatment of duodenal ulcers.

CONTRAINDICATIONS Known sensitivity to prostaglandins, prostaglandin analogues, or excipients (microcrystalline and hydroxypropyl methylcellulose, sodium starch glycolate and hydrogenated castor oil). Contraindicated in pregnancy. (See CLINICAL PHARMACOLOGY.) Women should be advised not to become pregnant while taking CYTOTEC (misoprostol). If pregnancy is suspected, use of the product should be discontinued.

WARNINGS Women of childbearing potential should employ adequate contraception (i.e., oral contraceptives or intraute ine devices) while receiving CYTOTEC (misoprostol). (See CONTRAINDICATIONS.) Nursing Mothers: It is unlikely the CYTOTEC is excreted in human milks since it is rapidly metabolized throughout the body. However, it is not knowed the active metabolite (misoprostol acid) is excreted in human milk. Therefore, CYTOTEC should not be ministered mothers because the potential excreted in human milk. Therefore, CYTOTEC should not be ministered mothers because the potential excreted in human end of the human end of t <u>Use</u>: Safety and effectiveness in patients below the age of 18 have not been established.

Use: Safety and effectiveness in patients below the age of 18 have not been established.

PRECAUTIONS Selection of Patients: Caution should be used when using symptomatology as the st fort. Before treatment is undertaken, a positive diagnosis of duodenal ulcur or NSAID induced gastrones fort. Before treatment is undertaken, a positive diagnosis of duodenal ulcur or NSAID induced gastrones fort. Before treatment is undertaken, a positive diagnosis of duodenal ulcur or NSAID induced gastroned for the patient should be considered. Misoprostol is rapidly more broized by most of netabolities. Nevertheless, caution should be exercised when patients have the prefer of repail or netabolities. Nevertheless, caution should be exercised when patients have the prefer of repail or not LLINICAL PHARMACOLOGY. Pharmacokinetics,) Diarrhae: Rare instances of the patient should be particular to never the considerations for Dosage Adjustment is recommended. The pharmacokinetics may be affected, but possible to the pharmacokinetics may be affected, but possible to provide the patients with renal may need to be reduced if the usual dose is not accommended. Drug Interactions: prostol) was not affected by: indomethacin, nolot, trianterene, cimeticing a training open profein, clippra to profein, clippra to accommended. Drug Interactions: prostol) was not affected by: indomethacin, nolot, trianterene, cimeticing a training open profein, clippra to profein, clippra to accommended to profein prof pg/mL) lowered the binding of misoprost shown no signific not affect the me drug interaction prostant affiliation from the medium of the medium of the might precipit been reported prostol tablets st stylinically significant since the short. In laboratory studies, misoprostol has ction oxidase system, and therefore should so normally metabolized by this system. No see CLINICAL PHARMACOLOGY.) Some - linked hepatic m nzodiazepines or other een observed to date pacity to produce hyp adalte to misoprosto, been observed to date. De CLINICAL PHARMACOLOGY.) Some aglandin analogues have pacity to produce hypotension through peripheral vasodilation. The date indicate that CYTOT heless, CYTOTEC should be not produced hypotension at dosages effective in promoting the heless, CYTOTEC should be not produced hypotension at dosages states where hypotension complications, e.g., cerebral aglandins and prostaglandin an odues administered by routes other than oral. Therefore, misopused in known spileptics only when their epilepsy is adequately controlled and then only when contential in the minimum produced the presence of gastric prostaglandin analogues have als to date indicate that CYTO evertheless, CYTOTEC should be vere complications, e.g., cerebral ostaglandins and prostaglandin a prostol tablets s expected benefits malignancy.

ADVERSE REACTIONS Gastromesmal: In subjects receiving CYTOTEC (misoprostol) 400 or 800 µg daily in clinical trials, the most frequent gastrointestinal adverse events were diarrhea, abdominal pain and flatulence. The average incidences of these events were 11.4%, 6.8% and 2.9%, respectively. In clinical trials using a dosage regimen of 400 µg bid, the incidence of diarrhea was 12.6%. The events were usually transient and mild to moderate in severity. Diarrhea, when it

occurred, usually developed early in the course of therapy, was self limiting and required discontinuation of CYTOTEC in less than 2% of the patients. The incidence of diarrhea can be minimized by adjusting the dose of CYTOTEC, by administering after food, and by avoiding co-administration of CYTOTEC with magnesium-containing antacids. <u>Gynecological</u>: Women who received CYTOTEC during clinical trials reported the following gynecological disorders: solid joing (0.7%), oramps (0.6%), hypermenorrhea (0.5%), menstrual disorder (0.3%) and dysmenorthea (0.5%). Specify: There were no significant differences in the safety profile of CYTOTEC in approximately 500 ulcer than 3 with younger patients. Confusion has been reported in a small nume of patients in the gost marketing surveillance of CYTOTEC. Incidence greater than 1%: In clinical trials, the following across the proported by more than 1% of the subjects receiving CYTOTEC. directices in the safety profile of VTOTEC in approximately 300 ulcot. See the see the profile of older, compared with younger patients. Confusion has been reported in a small nume of patients in an oost marketing surveillance of CYTOTEC. Incidence greater than 1%: In clinical trials, the following a confusion of the subjects receiving CYTOTEC and may be causally related by the drug, musea (3.2%), herache (2.4%), dyspepsia (2.0%), vomiting (1.3%) and constipation (1.1%). However, more were not an incidences of these events for CYTOTEC and placebe.

DOSAGE AND ADMINISTRATION Treatment dosage of CYTOTEC (misoprostol) for the in divided doses. NSAIDs should be taken CYTOTEC and NSAIDs are mended adult oral do aken are reported weeks in the best and the best are returned for a total of 4 weeks unless the continued for a total of 4 weeks unless the major of patients who may not have the in Elderly and Renally report impair-200 μg qid or 400 e used as needed for relibeen documented by endo equally divided do: (aluminum based) healing in less tin exist the continuous period of examine in the mirmber of patients who may not have eks, therapy with CYTOTEC in the continuous for further 4 weeks. Use in Elderly and Renally on for Dosage Adjustment. Phan sokinetic solid patients with varying degrees of renal impair oximate doubling of T_{1/2}, Cmax and AUC empared to normals. There was no clear correlation ariment and AUC. In subjects over the of age the pharmacokinetics may be affected. In both acokinetic changes are not clinically significant. No routine dosage adjustment is recommended in answer with renal importment. Dosage may need to be reduced if the usual dose is not tolerated. In the continuous continuo w range (100 µg QID) is recommended.

OF CYTOTEC OF Up g tablets are white to off-white, scored, hexagonal with SEARLE 1461 one side available in bottles of 120 and 500 tablets. CYTOTEC 100 µg tablets are white to off-white, round SEARLE encouved on one side and CYTOTEC on the other available in bottles of 100 tablets.

400 Iroquois Shore Road Oakville, Ontario L6H 1M5

Perences: 1. Elliott DP. Annals of Pharmacotherapy 1990;24:954-957. 2. Agrawal NW, et al. Annals of Internal Medicine 1991;115(3):195-200. 3. Cryer B, Feldman M. Arch Intern Med June 1992;152:1145-1153. 4. Fries JF. J of Musculoskeletal Medicine 1991;2:21-28. 5. Gabriel SE, et al. Annals of Internal Medicine 1991;115(10):787-796. CYTOTEC® Product Monograph, Searie Canada Inc. 7. Graham DY, Agrawal NM, Roth SH. The Lancet 1988;2:1277-1280.

Product Monograph available upon request.



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rotations. Descriptions include artificial rupture of membranes, placement of intrauterine pressure catheter, episiotomy repair, and dictation of a cesarean section note. Many illustrations are reproduced from standard textbooks. These descriptions serve as guidelines, which obviously would have to be adapted to individual settings and practice patterns.

Unfortunately, the book is rife with personal recommendations and conclusions from the author based on 6 years of experience in private practice and delivery of more than 2000 babies. His statements are often unsupported by the current literature. For example: "While driving poses no inherent dangers to the new mother, she may pose dangers to others in the first few weeks. It seems prudent to proscribe driving for the first few weeks."

"Breast-feeding probably does offer some modest benefits over bottle-feeding."

"By the late 1980s, papers were emerging that suggested that VBAC was actually safer than a repeat cesarean before the onset of labour. However, my own experiences and the subjective observations of many of my colleagues leave room for substantial doubt."

"It is not clear whether the increase in the cesarean section rate is entirely without merit."

"In a real sense, aspartame is safer than sugar, since chronic exposure to large doses of sugar may lead to obesity and increased risk of cesarean section and diabetes."

Although the technical descriptions of procedures could be useful to inexperienced house staff, the sections on prenatal care are incomplete, oversimplified, and at times confusing and inaccurate. The chapter on common concerns and problems of pregnant women includes only fetal movement, vaginal and urinary tract infections, sex, abdominal pain, and leg cramps. There is no mention of nausea, vomiting, constipation, nutrition, back pain, dizziness, fatigue, exercise, work, etc. The chapter on blood sugar and diabetes shifts between gestational diabetes and pre-existing diabetes confusingly. Although the author alludes to many of the controversial issues in obstetrical care, he invokes personal opinions rather than directing the reader to relevant literature or conclusions from careful studies.

This manual emphasizes the technical aspects of obstetrical care. The underlying message appears to be how to survive the obstetrics rotation rather than how to practise obstetrics. Other than the statement that "the prospective mother's economic circumstances and living conditions are also relevant," there is no mention of psychosocial issues in pregnancy and childbirth. Women are not considered active participants in their care or birth experiences and the importance of their families is not mentioned.

In summary, I would not recommend this book for our family medicine residents. Although some might find the technical descriptions useful and the recipes for case write-ups comforting, I believe the book could foster dubious attitudes and medical practices. Practising physicians would probably not find this manual particularly useful and would find many points of disagreement with the author.

— Dr Anne Biringer

Dr Biringer is head of the Primary Care Obstetrics Group at Mount Sinai Hospital in Toronto, where she practises and teaches family medicine.

Available

Consultation/SIDA

Les professionnels de la santé du Québec disposent maintenant d'une ligne de consultation téléphonique pour mieux servir les personnes vivant avec le VIH ou le SIDA. Consultation/SIDA, favorisant une prise en charge locale, est offert par l'Unité hospitalière de recherche, d'enseignement et de soins sur le SIDA de l'Hôpital Royal Victoria. Du lundi au vendredi de 8h30 à 16h30 au 1 (800) 363-4814.

AIDS hotline

There is now an information hotline to help health care professionals in Quebec meet the needs of people living with HIV or AIDS. Royal Victoria Hospital's AIDS/Consultation, promoting care at the community

level, can be reached Monday to Friday, from 8:30 AM to 4:30 PM by dialling 1-800-363-4814.

Centre de recherche en gérontologie et gériatrie

En janvier, l'Hôpital d'Youville de Sherbrooke a inauguré son Centre de recherche en gérontologie et gériatrie, composé de 14 chercheurs actifs et d'une vingtaine de chercheurs associés travaillant en équipes multidisciplinaires. C'est un des seuls centres au Canada à s'intéresser exclusivement aux personnes âgées. Le centre a pour objectif d'obtenir le statut d'institut universitaire et de faire progresser la recherche dans les domaines biomédical, évaluatif, épidémiologique et psychosocial afin d'améliorer la qualité de vie des personnes âgées.